

NorthShore Health Centers

Effective March 1, 2024 (Board Approved Date)

At NorthShore Health Centers, we accept Medicare, Medicaid, and many private insurance plans. We also use a **sliding fee discount program** to offer reduced rates to those who qualify. Everyone is expected to pay something, but **no one will be denied services due to inability to pay.**

To see if you qualify for the sliding fee discount program, use the chart below to determine your income level based on your **annual household income** and **household size**. This is based upon the 2024 Federal Poverty Guidelines.

Sliding Fee Schedule	Slide A Nominal Fee	Slide B	Slide C	Slide D	Slide E
Annual household income....					
Household Size	<i>At or Below 100% of the FPG</i>	<i>Equal To or Less Than 101% - 133%</i>	<i>Equal To or Less Than 134% - 166%</i>	<i>Equal To or Less Than 167% - 200%</i>	<i>Above Above 200%</i>
1	\$15,060	\$20,030	\$25,000	\$30,120	\$30,120
2	\$20,440	\$27,185	\$33,930	\$40,880	\$40,880
3	\$25,820	\$34,341	\$42,861	\$51,640	\$51,640
4	\$31,200	\$41,496	\$51,792	\$62,400	\$62,400
5	\$36,580	\$48,651	\$60,723	\$73,160	\$73,160
6	\$41,960	\$55,807	\$69,654	\$83,920	\$83,920
7	\$47,340	\$62,962	\$78,584	\$94,680	\$94,680
8	\$52,720	\$70,118	\$87,515	\$105,440	\$105,440
9	\$58,100	\$77,273	\$96,446	\$116,200	\$116,200
10	\$63,480	\$84,428	\$105,377	\$126,960	\$126,960
11	\$68,860	\$91,584	\$114,308	\$137,720	\$137,720
12	\$74,240	\$98,739	\$123,238	\$148,480	\$148,480
For household sizes of more than 12, add the following amount for each additional person...					
13+	\$5,380	\$7,155	\$8,931	\$10,760	\$10,760
Medical, Psychiatric, Dental, Chiropractic, and Optometry Office Visits	\$20	\$30	\$40	\$50	100% of full charges
Behavioral Health Consultant Office Visit	\$10	\$15	\$20	\$25	100% of full charges
Medical Visit with Behavioral Health	Included	Included	Included	Included	100% of full charges
Lab Tests	Included	Included	Included	Included	100% of full charges
Prescription Dispensing Fee	\$7	\$8	\$9	\$10	100% of full charges
Procedure Charges Discount	85%	75%	50%	25%	100% of full charges

Certain items provided within a visit(s) cannot be discounted. These include items such as injected medications, vaccines, optometry equipment or supplies, pharmaceuticals, dental supplies, crowns, dentures, bridges, and mouth guards. These are purchased through vendors and are charged at full cost.

NorthShore Health Centers

A partir del 1 de marzo de 2024 (aprobado por la Junta el)

En los Centros de Salud NorthShore, aceptamos Medicare, Medicaid y muchos planes de seguros privados. También utilizamos un programa de descuento de tarifa variable para ofrecer tarifas reducidas a quienes califican. Se espera que todos paguen algo, pero a nadie se le negará los servicios debido a la incapacidad de pago.

Para ver si califica para el programa de descuento de tarifa variable, use la tabla a continuación para determinar su nivel de ingresos en función de los ingresos anuales de su hogar y el tamaño del hogar. Esto se basa en las guías federales de pobreza de 2024.

Lista de tarifas deslizantes	Diapositiva A Tarifa nominal	Diapositiva B	Diapositiva C	Diapositiva D	Diapositiva E
Ingreso Anual del Hogar....					
Personas en su hogar	<i>En o debajo 100% del FPG</i>	<i>Igual o menor que 101% - 133%</i>	<i>Igual o menor que 134% - 166%</i>	<i>Igual o menor que 167% - 200%</i>	<i>Encima Encima 200%</i>
1	\$15,060	\$20,030	\$25,000	\$30,120	\$30,120
2	\$20,440	\$27,185	\$33,930	\$40,880	\$40,880
3	\$25,820	\$34,341	\$42,861	\$51,640	\$51,640
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12	\$74,240	\$98,739	\$123,238	\$148,480	\$148,480
Para más de 12 personas en su hogar, agregue la siguiente cantidad por cada persona adicional ...					
13+	\$5,380	\$7,155	\$8,931	\$10,760	\$10,760
Visitas médicas, psiquiátricas, dentales, quiropáticas y de optometría	\$20	\$30	\$40	\$50	100% de los cargos completos
Consulta con asesor de salud de conducta	\$10	\$15	\$20	\$25	100% de los cargos completos
Visita médica con médico de salud de conducta	Incluido	Incluido	Incluido	Incluido	100% de los cargos completos
Estudios de laboratorio	Incluido	Incluido	Incluido	Incluido	100% de los cargos completos
Tarifa de dispensación de recetas	\$7	\$8	\$9	\$10	100% de los cargos completos
Descuento de cargo para procedimientos clínico	85%	75%	50%	25%	100% de los cargos completos

Ciertos artículos proporcionados dentro de una (s) visita (s) no pueden descontarse. Estos incluyen artículos como medicamentos inyectado, vacunas, equipos o suministros de optometría, productos farmacéuticos, suministros dentales, coronas, dentaduras postizas, puentes y protectores bucales. Estos se compran a través de proveedores y se cobran al costo total de su balance.